APPLICATION FOR SCANNING ASSISTANCE

Name of Agency:							
Address Street:			City:		Zip Code:		
Name of Chief (sheriff):					Phone Number:		
Estimated Yearly Stop Sheets:							
Give reasons why IDOT should assist in the scanning of stop sheets for your agency.							
1.							
2.							
3.							
Who should IDOT call to discuss your hardship application?							
Name:							
Phone Number:							
E-mail Address:							
Application should be mailed, faxed, or e-mailed. Please apply before December 15, 2003.							
Address:	ss: Illinois Department of Transportation Racial Profiling Study Division of Traffic Safety 3215 Executive Park Dr. Springfield, IL 62794-9245 Attention: Tom Kelso						
Fax Number:	217-782-7988						
E-mail:	kelsotj@nt.dot.state.il.us						
IDOT Website: www.dot.state.il.us							
Contact Phone Numbers: Phone #: 217-558-7056 Cell #: 217-836-9404							